

NSLS Safety System Work Permit

Accelerator

☐ LINAC ☐ Booster ☐ VUV Ring ☐ X-Ray Ring ☐ SDL

LASER

Beam line

To be completed by person requesting the permit

Today's Date: _____ Estimated Start Date: _____ Estimated End Date: _____

Description of Work: _____

Personnel Performing Work: _____

Shielding Configuration Control Section ☐ N/A

Controls:

☐ Lock Out & Yellow Tag: _____

☐ Lock Out Tag Out: _____

☐ Other: _____

Safeguards placed by: _____ Date: _____

Return to Service Requirements:

☐ EEI inspection of uncovered electrical equipment

☐ OPCO inspection

☐ Safety staff inspection

☐ Other: _____

☐ Radiation survey conditions: _____

☐ Yellow tag L/O key "Survey required for white beam operations"

Approved by: _____ Date: _____

Released by: _____ Date: _____

Return to service: _____ Date: _____

Rad survey by: _____ Date: _____

Posted by: _____ Date: _____

Permit closed by: _____ Date: _____

Interlock Configuration Control Section ☐ N/A

Controls:

☐ Lock Out & Yellow Tag: _____

☐ Lock Out Tag Out: _____

☐ Other: _____

Safeguards placed by: _____ Date: _____

Return to Service Requirements:

☐ Full test: _____

☐ Partial test: _____

☐ Functional test: _____

☐ Other: _____

Approved by: _____ Date: _____

Released by: _____ Date: _____

Return to service: _____ Date: _____

Feedback / Comments: _____